



**TEXAS STATE BOARD OF EXAMINERS
OF PSYCHOLOGISTS**

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FEE

***\$50.00 per license number**

***Check, cashier's check,
personal check or
money order made
payable to TSBEP**

STATE LICENSURE VERIFICATION REQUEST FORM

REQUESTOR'S NAME: _____

INFORMATION TO BE SENT TO THE FOLLOWING STATE LICENSING BOARD

| | |
|----------------------------|--|
| Board Name: | |
| Address: | |
| City, State Zip : | |
| Other Instructions: | |

VERIFICATION REQUEST → ATTACH PAYMENT OF \$50 PER LICENSE NUMBER

| | |
|--|------------------------|
| Name of Licensee: | License Number: |
| Name of Licensee: | License Number: |
| EPPP Score Required: ___ Yes ___ No | |